

Practitioner's Docket No. 016465-022



AF
ITW

PATENT

I certify that on June 30, 2005, which is the date I am signing this certificate, this correspondence and all identified attachments are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Peter L. Holmes

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kaye et al.

Confirmation No.: 5077

Application No.: 10/674,688

Art Unit: 2671

Filed: 09/30/2003

Examiner: Nguyen, Phu K.

For: Method For Minimizing Visual Artifacts Converting Two-Dimensional Motion Pictures Into Three-Dimensional Motion Pictures

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)		SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	
TOTAL	44	MINUS	30	= 14	x \$	25.00	= \$	350.00
INDEP	8	MINUS	3	= 5	x \$	100.00	= \$	500.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$	0.00	= \$	0.00
TOTAL ADDIT. FEE							\$	850.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required: \$850.00

FEE PAYMENT

5. Attached is a check in the amount of \$850.00.

FEE DEFICIENCY

6. Any additional fees which are required in connection with this communication and which are not specifically provided for herewith are authorized to be charged to deposit account no. 500651. Any overpayments are also authorized to be credited to this account.

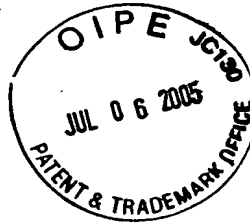


Date: June 30, 2005

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Signature of Practitioner
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 El Segundo, CA 90245

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RESPONSE TO OFFICE ACTION

Dear Sir:

This communication is submitted in response to the Office Action mailed on June 22, 2005.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

07/07/2005 CCHAU1 00000017 10674688

02 FC:2202 350.00 OP
03 FC:2201 500.00 OP